

Worksession

Agenda Item #	9
Meeting Date	July 2, 2007
Prepared By	Venita-Enola George
Approved By	Barbara B. Matthews City Manager

Discussion Item	Health Service Impact Committee Update and Discussion of Scope of the Committee
Background	<p>The City Council established the Health Services Impact Committee (HSIC) to gather and share information on the health care and health care access needs of the Takoma Park community and on the potential impacts of the possible relocation of Washington Adventist Hospital (WAH).</p> <p>When the HSIC was established, the Council contemplated forming a second committee to review future land use of the WAH site. The City Manager recommended in her May 29 report that the Council move forward with the formation of this committee. Several Councilmembers commented at that time that as an alternative the Council broaden the scope of HSIC to include land use issues.</p> <p>In accordance with Resolution 2006-12, the Committee may consist of approximately 12 to 15 members. Currently, there are eight residents actively fulfilling the responsibilities of the Committee. The Committee members are encouraging residents familiar with health care services and an interest in the future development of the site to submit a Committee application to the City Clerk for Council consideration. Josh Wright is scheduled to be appointed to the Committee on Monday, July 2.</p> <p>The Committee last updated the Council on April 16, 2007. Since that time, the Committee has continued to hold monthly meetings and carry out other activities which involved:</p> <ul style="list-style-type: none">• Residents representing community organizations, neighborhood and tenant associations and private entities were invited to participate in a community meeting on May 1. The residents and other concerned parties provided their input regarding health care needs and recommendations for the future development of the site following the relocation of Washington Adventist Hospital.• Jere Stocks attended the May 1st meeting and discussed the relocation plans of Washington Adventist Hospital. The community meeting was televised and is available for viewing online, and on the Takoma Park City TV, Channel 13.

	<ul style="list-style-type: none"> • Committee members met with staff representatives of Dynamis Inc. to share their knowledge of the health care needs of the residents that have participated in the community meetings sponsored by the HSIC, and ideas on the land use of the site following the relocation of Washington Adventist Hospital. • Committee members also met with Washington Adventist Hospital staff to discuss the reimbursements, level of uncompensated care, and other financial issues, including • Developed a Community Health Needs Survey that will be disseminate to the residents of Takoma Park to collect data relating to the health needs of the participants <p>Representatives will be in attendance to brief the Council on the implementation plan of the Community Health Needs Survey and to discuss the fiscal impact of the survey.</p>
Policy	The Committee shall meet monthly or as often as needed to fulfill its responsibilities, and brief the Council on a quarterly basis within the two-year term of appointment.
Fiscal Impact	The Committee is requesting \$10,000 to conduct a survey.
Attachments	Resolution 2006 - 12 Draft Community Health Needs Survey
Recommendation	To hear the report of the Committee, discuss the request for funding, and discuss broadening the scope of the Committee to include future use of the WAH site.

Introduced By: Councilmember Elrich

Resolution 2006-12

**RESOLUTION ESTABLISHING THE TAKOMA PARK
HEALTH SERVICES IMPACT COMMITTEE**

WHEREAS, on September 22, 2005 the Board of Trustees for Adventist HealthCare voted to move Washington Adventist Hospital out of Takoma Park, where it has been located for nearly a century; AND,

WHEREAS, the Takoma Park City Council is concerned that the relocation of the hospital could negatively affect the quality and availability of health services for the Takoma Park community; AND,

WHEREAS, the Council wishes to establish a citizens' committee to gather and share information on the health care and health care access needs of the Takoma Park community and on the potential impacts of the possible relocation of Washington Adventist Hospital to meeting those needs.

**NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE CITY OF
TAKOMA PARK, MARYLAND:**

There is hereby established a Takoma Park Health Services Impact Committee that shall serve in an advisory role to the City Council on matters related to the health care needs of the Takoma Park community.

The purpose of the Committee shall be:

- A) To gather and share information on the health care and health care access needs of the Takoma Park community.
- B) To assess and/or to review assessments done by other parties as to the impacts of the possible relocation of Washington Adventist Hospital on the availability of needed health care services for the Takoma Park community, taking into consideration the services and locations of other health care providers, the proposed new location of Washington Adventist Hospital, and the proposed medical building in the Long Branch neighborhood.
- C) To report to the City Council on the findings of the Committee and to make recommendations to the Council on any steps that may be taken to improve the delivery and accessibility of health care services for the Takoma Park community.

The Committee shall consist of persons interested in the issue of health care services for the Takoma Park community, including Takoma Park senior citizens and persons with special health

care needs; persons who may have difficulties in accessing health care services due to transportation, language or income constraints; and persons with expertise in the field of health care services or public health. Representatives of the Health Departments of Montgomery County, Prince George's County and the District of Columbia, and a representative of the Washington Adventist Hospital Center on Health Disparities, shall be invited to participate as ex officio members.

The Committee shall consist of approximately twelve to fifteen members.

The Committee shall meet monthly or as often as needed to fulfill its responsibilities.

The Committee shall brief the Council quarterly or as needed.

The City Manager or his or her designee shall provide appropriate staff support to the Committee.

The Committee shall be disbanded at the end of a two-year period from the date of this Resolution unless the City Council acts to extend the term or otherwise alter the structure of this Committee.

Adopted this 27th day of February, 2006.

CITY OF TAKOMA PARK

Health Services Impact Committee

Community Health Needs Survey

Information that might identify you or your family will be kept confidential. This survey is anonymous. The City of Takoma Park will not share your individual responses with anyone without your permission.

Responses to this survey are completely confidential.

**Please complete this survey on-line at
<http://URL>**

Or complete this form, place it in an envelope, and mail it to:

**HSIC
City of Takoma Park
7500 Maple Avenue
Takoma Park, MD 20912**

If you want to know more about this study, please call:

Venita George (301) 891-7266.

Takoma Park Health Services Impact Committee

SURVEY BACKGROUND

Who are we? We are your neighbors, residents of Takoma Park who were asked by the City Council to report to it on the health needs of the community.

Why a survey? The purpose of this survey is to get your views on community health care needs. Your input will help identify the most pressing health care concerns of people living in and around Takoma Park, MD.

Why a questionnaire? We want to hear from people what they need. We are holding open meetings and trying to reach people on the Internet. Asking people to fill out a questionnaire is another way for us to hear what people need.

Are responses confidential? Yes. You don't have to tell us your name or how to reach you unless you want to.

Please take a few moments to complete the survey below. If you have previously completed this survey, please don't fill out another. Your opinion is important! Thank you, and if you have any questions please contact us (see contact information below).

INSTRUCTIONS

- ◆ **If you have Web access, please complete the survey on-line at <http://URL>.** If you use this form...
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → *If Yes, Go to Question 1 on Page 1*

☐ No

Ready to start? Here we go!

ABOUT YOU

1. Where do you live?

- 1 ☐ Takoma Park, MD.
- 2 ☐ Silver Spring, MD.
- 3 ☐ Other Montgomery County, MD.
- 4 ☐ Prince George's County, MD.
- 5 ☐ Washington, DC.
- 6 ☐ Other _____.

2. Do you live –

- 1 ☐ In a house you or your family own.
- 2 ☐ In an apartment building.
- 3 ☐ In a rented house or an apartment in a house.
- 4 ☐ In a condominium apartment you or your family own.
- 5 ☐ Somewhere else _____.

3. Are you –

- 1 ☐ Male.
- 2 ☐ Female.

4. Are you – mark one or all that apply –

- 1 ☐ Living alone.
- 2 ☐ Living with spouse or a partner.
- 3 ☐ Living with a child or children under 18.
- 4 ☐ Living with an adult child or children.
- 5 ☐ Living with parent(s), sibling, or other relative(s).
- 6 ☐ Living in a group house with unrelated adults.

5. What year were you born? *[fill in two digits]* 19 _____

6. Are you answering these questions for yourself or for all family/household members?

- 1 ☐ Self only.
- 2 ☐ All family/household members.

7. How many people live in your household? _____

8. Do you work or study in Takoma Park?

- 1 ☐ Yes.
- 2 ☐ No.

YOUR HEALTH CARE IN THE LAST 12 MONTHS
--

These questions ask about your own health care, or the health care of your family. Do not include overnight hospital care, or dental/oral health, unless specifically asked for.

9. In general, is your health:

- 1 ☐ Excellent.
- 2 ☐ Very good.
- 3 ☐ Good.
- 4 ☐ Fair.
- 5 ☐ Poor.

10. Are you (or a family member you live with) being treated regularly for a disease, illness, or condition? Write the letter that corresponds to treatment frequency next to each numbered response.

- A. 2 times a week or more often
- B. Every week or two
- C. Every 3-to-6 weeks
- D. 2 or 3 times per year
- E. Yearly or less frequently

- | | | |
|---|------------------------------------|-------|
| 1 | Asthma or other respiratory issues | _____ |
| 2 | Cancer, active or in remission | _____ |
| 3 | Diabetes | _____ |
| 4 | Heart disease | _____ |
| 5 | Kidney/renal failure (dialysis) | _____ |
| 6 | Pain or Disability | _____ |

11. What are your biggest health concerns or needs? Check one or more.

- 1 ☐ Overnight hospital care.
- 2 ☐ Access to care for everyday problems.
- 3 ☐ Access to an Emergency Room for major emergencies.
- 4 ☐ Availability of care in my language.
- 5 ☐ Chronic condition _____.
- 6 ☐ Cost – my ability to pay for health care.
- 7 ☐ Lack of/inadequate insurance.
- 8 ☐ Cost of prescription drugs.
- 9 ☐ Dentistry or oral health.
- 10 ☐ Eating disorders.
- 11 ☐ Food or nutrition.
- 12 ☐ Weight or obesity.
- 13 ☐ Surgery.
- 14 ☐ Therapy (circle: physical, occupational, speech, mental health, chiropractic, chronic pain).

15 ☐ Transportation – getting to my provider.

16 ☐ Other _____.

12. How do you pay for health care?

1 ☐ Out of pocket.

2 ☐ Insurance through job.

3 ☐ Insurance through self-pay or family.

4 ☐ Medicare.

5 ☐ Medicaid.

6 ☐ Free clinics or services.

7 ☐ Other _____.

13. Do you participate regularly in Prevention/ Wellness/Fitness activities?

1 ☐ Yes.

2 ☐ No, not interested.

3 ☐ No, would if facilities were available.

14. What Prevention/Wellness/Fitness activities do you use or would you like to use?

1 ☐ Hospital-based wellness/ fitness seminars or classes.

2 ☐ Other wellness/ fitness seminars or classes.

3 ☐ Gym or fitness center.

4 ☐ Walking, cycling, jogging or other aerobic activities.

5 ☐ Other.

15. A primary care provider is a particular physician, physician's assistant, or nurse practitioner you see if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a primary care provider?

1 ☐ Yes

2 ☐ No

16. If you have or would go to a primary care provider, would you go to

1 ☐ A physician.

2 ☐ A physician's assistant.

3 ☐ A nurse practitioner.

17. In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?

1 ☐ None

2 ☐ 1

3 ☐ 2

4 ☐ 3

- 5 ☐ 4
 6 ☐ 5 to 9
 7 ☐ 10 or more

TAKOMA PARK FACILITIES AND ISSUES

18. Is it important to you that Takoma Park facilities/services include – select any number –

- 1 ☐ After-hours urgent care.
- 2 ☐ Counseling Services.
- 3 ☐ Dental, oral health.
- 4 ☐ Emergency.
- 5 ☐ Eye/vision care, ophthalmology.
- 6 ☐ Family planning/birth control.
- 7 ☐ Fitness/Prevention/Wellness/Lifestyle classes, programs.
- 8 ☐ General practice/primary care.
- 9 ☐ Home Health.
- 10 ☐ Hospice.
- 11 ☐ Hospital.
- 12 ☐ Immunizations.
- 13 ☐ Maternity/midwifery services.
- 14 ☐ Nursing home/long-term care.
- 15 ☐ Natural Medicine/Alternative Therapies.
- 16 ☐ Pediatrics services.
- 17 ☐ Rehabilitation Services.
- 18 ☐ Other _____.

19. Takoma Park's three most important health issues are –

Check no more than THREE.

- 1 ☐ Care for the elderly/aged.
- 2 ☐ Child abuse/neglect.
- 3 ☐ Chronic diseases.
- 4 ☐ Domestic violence.
- 5 ☐ Substance abuse including drugs and alcohol.
- 6 ☐ Firearm-related injury.
- 7 ☐ Hunger.
- 8 ☐ Infectious diseases.
- 9 ☐ Motor vehicle accidents.
- 10 ☐ Pedestrian safety.
- 11 ☐ Poor diet/inactivity.
- 12 ☐ Pre-natal/birth care.

- 13 ☐ School nutrition.
- 14 ☐ Sexually-transmitted diseases (STDs) and AIDS.
- 15 ☐ Suicide.
- 16 ☐ Teen pregnancy.
- 17 ☐ Tobacco use.
- 18 ☐ Other _____.

20. If you got health care OUTSIDE Takoma Park In the last 12 months, check the reason that best explains why:

- 1 ☐ My doctor or hospital of choice is in another location.
- 2 ☐ No local provider offers a service I need.
- 3 ☐ My insurance covers only health care providers located elsewhere.

WHERE YOU GO FOR HEALTH CARE?

21. Which hospital do you use primarily for non-emergency care?

- 1 ☐ Washington Adventist.
If ☒ → Go to Next Question
- 2 ☐ Children's.
- 3 ☐ Georgetown University.
- 4 ☐ George Washington University.
- 5 ☐ Holy Cross
- 6 ☐ Howard University.
- 7 ☐ Prince George's County.
- 8 ☐ Providence.
- 9 ☐ Sibley.
- 10 ☐ Suburban.
- 11 ☐ Veterans Administration Hospital.
- 12 ☐ Washington Hospital Center.
- 13 ☐ Other _____.

22. In what city is your primary care physician's office located?

- 1 ☐ Takoma Park
- 2 ☐ Silver Spring
- 3 ☐ Washington, D.C.
- 4 ☐ Other _____.

23. Within the past year, which of the following types of services did you or members of your immediate family receive

At WAH

Check all that apply.

- 1 ☐ None.
- 3 ☐ After-hours urgent care.
- 5 ☐ Bariatric/weight loss surgery.
- 7 ☐ Cardiac/heart care.
- 9 ☐ Cardiac rehabilitation
- 11 ☐ CPR training.
- 13 ☐ Emergency room/urgent care.
- 15 ☐ General practice/primary care.
- 17 ☐ General surgery.
- 19 ☐ Immunizations.
- 21 ☐ Lab work.
- 23 ☐ Mental health care/therapy.
- 25 ☐ Neurology/stroke services.
- 27 ☐ Obstetrics/gynecology.
- 29 ☐ Oncology/cancer care.
- 31 ☐ Orthopedics, joint, rehabilitation medicine.
- 33 ☐ Pain management.
- 35 ☐ Pediatric care.
- 37 ☐ Radiology/ X-ray/MRI.
- 39 ☐ Podiatry.
- 41 ☐ Sleep disorders.
- 43 ☐ Urology care.
- 45 ☐ Other_____

At a facility OTHER than WAH?

Check all that apply.

- 2 ☐ None.
- 4 ☐ After-hours urgent care.
- 6 ☐ Bariatric/weight loss surgery.
- 8 ☐ Cardiac/heart care.
- 10 ☐ Cardiac rehabilitation
- 12 ☐ CPR training
- 14 ☐ Emergency room/urgent care.
- 16 ☐ General practice/primary care.
- 18 ☐ General surgery.
- 20 ☐ Immunizations.
- 22 ☐ Lab work.
- 24 ☐ Mental health care/therapy.
- 26 ☐ Neurology/stroke services.
- 28 ☐ Obstetrics/gynecology.
- 30 ☐ Oncology/cancer care.
- 32 ☐ Orthopedics, joint, rehabilitation medicine.
- 34 ☐ Pain management.
- 36 ☐ Pediatric care.
- 38 ☐ Radiology/ X-ray/MRI.
- 40 ☐ Podiatry.
- 42 ☐ Sleep disorders.
- 44 ☐ Urology care.
- 46 ☐ Other_____

24. Washington Adventist Hospital plans to locate outside of Takoma Park. If you get your health care at WAH, what will you do?

- 1 ☐ I'll continue to use Washington Adventist.
- 2 ☐ I'll continue to use Washington Adventist if the hospital provides shuttle service from its current location.
- 3 ☐ I don't usually get my health care at WAH.
- 4 ☐ I'll find another hospital.
- 5 ☐ I do not know what I will do.

25. If Washington Adventist Hospital locates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?

- 1 ☐ Emergency/urgent care facility.
- 2 ☐ Fitness/Prevention/Wellness/Lifestyle facility.
- 3 ☐ Offices for health-care providers.
- 4 ☐ Offices for non-profit organizations.
- 5 ☐ Offices for businesses.
- 6 ☐ Outpatient Services.
- 7 ☐ Park, athletic, or recreational facility.
- 8 ☐ Education/Job Training.
- 9 ☐ Residential.
- 10 ☐ Retail or other commercial.
- 11 ☐ Other (Specify)

SUPPLEMENTAL QUESTIONS

26. If you live in Takoma Park, in what Takoma Park voting Ward do you reside?

- 1 ☐ Ward 1 (Council Member Joy Austin-Lane).
- 2 ☐ Ward 2 (Council Member Colleen Clay).
- 3 ☐ Ward 3 (Council Member Bruce Williams).
- 4 ☐ Ward 4 (Council Member Terry Seamens).
- 5 ☐ Ward 5 (Council Member Reuben Snipper).
- 6 ☐ Ward 6 (Council Member Doug Barry).
- 7 ☐ Not sure.
- 8 ☐ Do not live in Takoma Park.

27. What neighborhood or tenant association do you belong to? _____

28. Are you working?

- 1 ☐ Part time
- 2 ☐ Full time
- 3 ☐ Unemployed
- 4 ☐ Homemaker
- 5 ☐ Retired
- 6 ☐ In school full time
- 7 ☐ Other

29. What is the highest grade or level of school that you have completed?

- 1 ☐ 8th grade or less
- 2 ☐ Some high school, but did not graduate
- 3 ☐ High school diploma

- 4 ☐ Some college, but did not graduate
- 5 ☐ Some college or 2-year degree
- 6 ☐ 4-year college graduate

30. What race/ethnic group do you most identify with?

- 1 ☐ African-American / Black
- 2 ☐ Asian
- 3 ☐ Hispanic / Latino
- 4 ☐ Native American
- 5 ☐ White / Caucasian
- 6 ☐ Other (please specify): _____

31. What is your annual household income?

- 1 ☐ Less than \$20,000
- 2 ☐ \$20,000-\$39,999
- 3 ☐ \$40,000-\$59,999
- 4 ☐ \$60,000-\$79,000
- 5 ☐ \$80,000-\$99,999
- 6 ☐ \$100,000-\$249,999
- 7 ☐ \$250,000 or more

32. Where did you get this survey?

- 1 ☐ E-mail
- 2 ☐ Community Center.
- 3 ☐ Church or community group.
- 4 ☐ Farmer's Market.
- 5 ☐ Delivered to my home/building.
- 6 ☐ Community meeting or forum.
- 7 ☐ Neighborhood or tenant association.
- 8 ☐ City Council member.
- 9 ☐ Other _____

THANK YOU

**If you have Web access, please complete the survey on-line at
<http://URL>**

or return the completed survey to

Health Services Impact Committee
City of Takoma Park
7500 Maple Avenue
Takoma Park, MD 20912